

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4185AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2008
NAME OF PROVIDER OR SUPPLIER HOUSE OF GRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 7017 CARMEN BLVD LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 10/15/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The facility was licensed as a 10 residential facility beds for elderly or disabled persons and /or persons with mental illness and /or persons with chronic illnesses Category 2 residents.</p> <p>The census at the time of the survey was 10 residents.</p> <p>Ten resident files and 4 employee files were reviewed.</p> <p>There were no complaints investigated.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 870	<p>449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the</p>	Y 870		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 870	<p>Continued From page 1</p> <p>administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents medications were reviewed every 6 months for 1 of 10 residents (#10).</p> <p>Findings include:</p> <p>Resident #10 was admitted to the facility on 1/26/08. There was no documented evidence, a 6 month medication review was completed.</p> <p>On 9/9/08 at 10:30 AM, Employee #4 revealed, residents' medications were reviewed by the attending physicians. These were done at the physicians' clinic when residents were seen.</p> <p>Employee #4 stated, Resident #10's medication review must have been missed during the time of Resident #10's physician visit.</p> <p>Severity: 2 Scope: 1</p>	Y 870		
Y 935 SS=E	449.2749(1)(d)(3) Resident file	Y 935		

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Y 935	<p>Continued From page 2</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure general mental and physical examinations were completed for 3 of 10 residents (#8, #9, #10).</p> <p>Findings include:</p> <p>Resident #8 was admitted to the facility on 1/26/08 with diagnoses including Schizophrenia and Hypertension. Resident #8's file lacked documented evidence of mental and physical examination upon admission.</p> <p>Resident #9 was admitted to the facility on 5/23/08 with diagnoses including Psychosis and</p>	Y 935			

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Y 935	Continued From page 3 Hypertension. Resident #9's file lacked documented evidence of mental and physical examination upon admission. Resident #10 was admitted to the facility on 5/30/08 with diagnoses including Bipolar Disorder, Psychosis and Asthma. Resident #10's file lacked documented evidence of mental and physical examination upon admission. On 9/9/08 at 10:30 AM, Employee #4 revealed, he was not aware mental and physical examinations were not done for 3 of 10 residents. Severity: 2 Scope: 2	Y 935			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall	Y 936			

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Y 936	Continued From page 4 ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has	Y 936			

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Y 936	Continued From page 5 a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The	Y 936			

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Y 936	<p>Continued From page 6</p> <p>person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on interview and record review, the facility failed to comply with the provisions of chapter 441A of NRS regarding tuberculosis (TB) screening for 3 of 10 residents (#3, #4, #10).</p> <p>Findings include:</p>	Y 936			

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Y 936	Continued From page 7 Resident #3's (admitted 5/2/07) record revealed a documented a 2 step TB screening dated 4/18/07 and 4/25/07. There was no documented evidence of an annual TB screening. Resident #4's (admitted 8/8/08) record revealed a documented TB screening dated 1/31/08. There was no documented evidence a second step was completed. Resident #10's (admitted 5/30/08) record revealed no documented evidence of a 2 step TB screening was performed upon Resident #10's admission. On 9/9/08 at 10:00 AM, Employee #4 revealed, he was not aware of the TB screenings not being up to date. Severity: 2 Scope: 3	Y 936			
Y 938 SS=F	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare	Y 938			

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Y 938	<p>Continued From page 8</p> <p>such an evaluation: (1) Upon the admission of the resident.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to conduct an evaluation of activities of daily living (ADL) upon admission for 8 of 10 residents (#2, #3, #4, #5, #7, #8, #9, #10).</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility on 1/11/07. There was a lack of documented evidence of an ADL evaluation upon admission.</p> <p>Resident #3 was admitted to the facility on 5/2/07. There was a lack of documented evidence of an ADL evaluation upon admission.</p> <p>Resident #4 was admitted to the facility on 8/8/08. There was a lack of documented evidence of an ADL evaluation upon admission.</p> <p>Resident #5 was admitted to the facility on 12/18/06. There was a lack of documented evidence of an ADL evaluation upon admission.</p> <p>Resident #7 was admitted to the facility on 8/5/08. There was a lack of documented evidence of an ADL evaluation upon admission.</p> <p>Resident #8 was admitted to the facility on 1/26/08. There was a lack of documented evidence of an ADL evaluation upon admission.</p>	Y 938		

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Y 938	<p>Continued From page 9</p> <p>Resident #9 was admitted to the facility on 5/2/08. There was a lack of documented evidence of an ADL evaluation upon admission.</p> <p>Resident #10 was admitted to the facility on 5/30/08. There was a lack of documented evidence of an ADL evaluation upon admission.</p> <p>On 9/9/08 at 11:30 AM, Employee # 4 revealed, the facility did not conduct an evaluation of residents' ADLs upon admission.</p> <p>Severity: 2 Scope: 3</p>	Y 938			

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